

[Date]

[Lienholder/Financial Institution Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Loss Payee Removal

Policy Number: [Policy Number]

Insured Name: [Policyholder Name]

Vehicle Description: [Year, Make, Model]

Vehicle Identification Number (VIN): [VIN Number]

To Whom It May Concern,

This letter serves as formal acknowledgment and notification that [Insurance Company Name] has processed a request to remove [Lienholder Name] as the Loss Payee/Lienholder on the auto insurance policy referenced above.

Our records indicate that the financial interest in the described vehicle has been satisfied or the request for removal has been authorized by the policyholder. As of [Effective Date], [Lienholder Name] will no longer be listed on the policy, and will no longer be eligible for claim payments or receive notification of policy changes or cancellations.

If you believe this removal has been made in error, or if you still maintain a financial interest in this vehicle, please contact our customer service department immediately at [Phone Number].

Thank you for your past cooperation.

Sincerely,

[Underwriter Name or Department]

[Insurance Company Name]

[Contact Information]